



## **Beatrice State Developmental Center Quality Improvement and Investigations**

While each of the five Intermediate Care Facilities (ICFs) on the BSDC campus has its own internal quality and compliance functions, BSDC has an independent Quality Improvement and Investigations team that operates independent of the five ICFs. The Division developed this team, which is led by Pam Kunzman, to ensure the long-term sustainability of the progress at BSDC. This team is divided onto three focused areas: quality improvement, human legal rights and advocacy, and training.

### ***Compliance/General Quality Improvement***

The Quality Improvement Team is led by Kathy Whitmore and consists of 5 Compliance Specialists, one assigned to each ICF. The Compliance Specialists have had extensive training in the rules and regulations for intermediate care facilities for both the State of Nebraska and CMS Title XIX. The compliance specialists know the rules, understand how to interpret the rules, how they apply to everyday tasks, and they are able to coach and mentor the direct care staff to ensure they are providing the best support under these guidelines. When the compliance specialists are not teaching, they serve as our internal auditors and conduct regular surveys on campus using our new self-audit tools.

The Quality Improvement team also has a Qualified Developmental Disability Professionals Coordinator (Q Coordinator). This position provides support, mentoring and training to the Qualified Developmental Disability Professionals (QDDPs) for all ICFs on the BSDC campus. The Q Coordinator teaches the QDDPs how to interpret the Title XIX regulations, and how to apply them to ensure the best quality of care and support to the individuals who live here. This position also ensures that we have good communication and consistency of information between the QDDPs. The person in this position acts as a liaison between other departments and the QDDPs to ensure that information is shared accurately across all areas. The Q Coordinator also audits the IPP plans and habilitation records as part of the team's quality checks.

The Quality Improvement team has developed monitoring tools to assess all areas and levels of services provided in the ICFs. The Compliance Specialists conduct monthly audits of the ICF to which they are assigned. They then provide feedback to the ICFs Area Administrator so that improvements can be made timely. On a quarterly basis, the Compliance Specialists each audit an ICF to which they are not normally assigned; this ensures that each ICF is reviewed routinely by a "fresh set of eyes." The quarterly audit (consisting of 165 points of service) is part of the QI plan for each ICF. The quarterly audits are then compared with the monthly audits to ensure the consistency and quality of the team's work product.



The BSDC Quality Improvement plan also consists of 50 other quality indicators that are monitored on a quarterly basis. The quality indicators were selected after a review of regulatory requirements and discussions with each department. The data for each quality indicator and the quarterly audits by the Compliance Specialists is summarized and reported to the ICF Area Administrators. The Quality Improvement team identifies trends, patterns, or areas of concern and these are brought to the attention of the Area Administrators, who are then required to write plans of correction to address any identified concerns. The Area Administrator's plans are reviewed by the Quality Improvement team and by the BSDC Senior Leadership. Each quarter, areas of concern and plans of correction are monitored to ensure that progress is made, certification is sustained, and excellent support is provided to each individual on the BSDC campus.

Included herein is a sample "Dashboard," which is a summary report prepared as part of the quarterly Quality Improvement Plan. The Quality Improvement team will continue to perform compliance activities on the BSDC campus and will annually assess these activities to determine whether adjustments or improvements are warranted.

### ***Human Legal Rights and Advocacy***

The Human Legal Rights and Advocacy (HLRA) team is led by Deb Turman and consists of 4 investigators and a staff assistant. The HLRA team is responsible for ensuring that individuals living at BSDC are afforded basic human rights, and that their legal rights are not restricted without appropriate review (as required by state and federal regulations). The HLRA team is also responsible for investigating allegations of abuse and neglect at BSDC.

A significant rights restriction in an ICF environment is the use of physical, chemical, and mechanical restraints. BSDC has diligently worked to reduce restraints since 2007, and the HLRA team has played an integral role in this effort. HLRA has partnered with the Quality Improvement and Training teams to work with staff all across the BSDC campus to create a culture that values the people living at BSDC as individuals and focuses on person-centered practices and positive behavioral supports. Statistical data related to restraint usage at BSDC is included herein.

The HLRA team has received extensive training in investigative strategies, including the Basic Investigations, Mortality Review and Death Investigations, and Weighing Evidence and Drawing Conclusions courses by Human Labor Relations, Inc., and Internal Investigation Policies and Procedures training from Sandy Carmichael in Human Resources. All investigators have experience in forensics and corrections. Two have more than 20 years of law enforcement investigations experience; one has completed college coursework in forensics and investigations as well as work experience.

BSDC does thorough background checks and requires employees to participate in significant training, but it cannot be certain that its employees will never make bad decisions or act inappropriately. The goal of the HLRA team, however, is to ensure that BSDC has the ability



to respond promptly and thoroughly to all allegations of abuse and neglect or any improper rights restriction. Investigations are reviewed each month by a quality assurance team and feedback is provided to help the Investigations team determine whether adjustments or improvements are required.

### ***Training***

The Training team is led jointly by Pam Kunzman and Kathy Whitmore, and is comprised of two BSDC staff and a Human Resources employee.

Intensive training has occurred at BSDC over the past several years. Some of the training was provided by outside experts, and many internal training sessions have been developed as well. Since staff work at BSDC 24 hours per day, the Training team works diligently to utilize new technology to allow all staff to access training opportunities. The teaching methods we have developed include: creating training videos using our staff as actors, script writers, and directors; PowerPoint slide shows with audio narrative; documents to be read in written form or listened to in audio format; and various in-person training sessions, with a focus on role-play and active participation. All electronic training materials are stored on our intranet and can be accessed at any time. Additionally, the Training team develops competency-based components to training modules to ensure that employees have mastered the information and skills being trained. This has transformed the way we do business and has brought us much success in our recertification efforts.

The team is in the process of coordinating with BSDC leadership to create a formal training program for all staff within the upcoming year. Each position on the BSDC campus will have a defined curriculum for on-going training and a career path for growth. For each training element, the team will identify the teaching method to use for the material, how we will assess competency for the new material, and who should be required to take the training sessions. The training program will help us maintain a high standard of care and sustain the progress we have made. The team will assess competency after the training through on-line quizzes, personal observation, and skill demonstrations by the employees.

The assignment of training, the on-line quizzes, competency and completion of training is now managed and tracked through the Talent Edge learning management system available through the state. This is a new program the state personnel office has made available, and BSDC is one of the first entities to implement it. This system will provide individuals and managers at BSDC with reports to ensure that all training is completed in a timely manner.

Training is viewed as an investment in our people, for they are our most valuable resource. Without adequate and ongoing training, BSDC cannot continue with long-term success. The Training team will continue to work with its partners across the BSDC campus to further assess training needs and make program changes as needed.

















### Indicator - Healthcare

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BSDC - ALL ICF	State Bldg	State Cott	Sheridan Cott	Solar Cott	Kennedy	Sheridan Bldg.
<b>Indicator - Meaningful Life</b>						
<b>Community Integration:</b> Each Individual will go on a social outing at least once per week.						
<b>Recreation information</b>						
100% of Recreation Assessments Current	100%	100%	100%	100%	100%	100%
75% Recreation staff attend 3rd quarterly and IDT meetings	85%	100%	85%	80%	85%	100%
100% of success stories will be included in recreation staff members weekly report.	84%	85%	86%	84%	92%	85%
	**	**	84% **	84% **	84% **	84% **
<b>Vocational information</b>						
100% of those not classified as retired will be involved in paid employment.						
100% of all assessments or reports completed will be without deficiency in content of those requirements specified by regulatory agencies.						
# of jobs open/vacant	89%	82.50%	89%	82.50%	89%	82.50%
100% of individuals on campus will be involved in community employment through supported, contracted, or competitive work.	**	82.50%	89%	82.50%	89%	82.50%
40% of individuals on campus will increase their average time spent in work during the 1st quarter of 2011.						
95% of Individuals working in a regularly scheduled training job through Sheridan Industries will be evaluated on job performance.	**	**	**	**	**	**
<b>Staff Injuries</b>						
The facility will reduce/eliminate all staff injuries						
	6 injuries	3 injuries	7 injuries	12 staff injuries	12 staff injuries	12 staff injuries
	**	**	**	**	**	**
<b>Facility staffing</b>						
Facility will maintain a 20% or less Vacancy rate	17%	10%	17%	21%	22%	22%
The facility will maintain 10% or less Turnover rate for Direct Support Professionals	15%	9%	15%	4%	15%	9%
100% of all new employees with have background checks	**	100%	100%	100%	100%	100%



BSDC - ALL ICF		State Bldg		State Cott		Sheridan Cott		Solar Cott		Kennedy		Sheridan Bldg.	
100% of staff to client levels will not fall below those in Tag W 187.		**	I:2.60	**	I:1.45	**	I:1.70	**	I:1.59	**	I:2.2	**	I:2.2
<b>Individuals involvement</b>													
Each Individual will spend 5 hours away from		**	**	**	**	**	**	**	**	**	**	**	**

\*\* New objective, no data.

\*\*\*No data collected until the beginning of the Lines 66, 68, 69, and 70 have not been broken down into the 5 ICF/ID's at this time. The Vocational Director and the QI coordinator are





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